

WHEN RECORDED RETURN TO:

Donald D. Bledsoe  
101 W 36<sup>th</sup> Street  
Vancouver, WA 98660

DOCUMENT TITLE(S):  
Community Property Agreement

GRANTOR:  
Betty L. McDonald

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX  
3/17/16  
APR 26 2016

GRANTEE:  
Hubert Augustine McDonald

PAID exempt  
by deputy  
SKAMANIA COUNTY TREASURER

LEGAL DESCRIPTION:

A parcel of land located in a portion of the Northwest Quarter of the Southwest Quarter of Section 3, Township 1 North, Range 5 East, Willamette Meridian, Skamania County, Washington, described as follows;

**BEGINNING** at the Southeast corner of Lot 1 of the "Lightning Tree Short Plat" as recorded in Book 3 of Short Plats, at Page 362, Skamania County, Washington, Auditors Records, said point also being on the North Right of Way line of "Canyon Creek Road (State Route 140)".

Thence leaving said North Right of Way line, North 01°01'55" East, along the East line of said Lot 1, for a distance of 453.49 feet to the Northeast corner thereof;

Thence leaving said East line, South 89°57'38" East, along the East extension of the North line of said Lot 1, for a distance of 96.78 feet more or less to the West line of the "Bajema" parcel, as described and recorded under Skamania County, Washington Deed Book 73, at Page 345;

Thence leaving the East extension of said North line, South 01°01'55" West, along said West line and parallel with the East line of said Lot 1, for a distance of 445.43 feet to the Southwest corner of said "Bajema" parcel and said North Right of Way line;

Thence leaving the West line, South 85°17'05" West, along said North Right of Way line, for a distance of 97.25 feet to the **POINT OF BEGINNING**;

TAX PARCEL NUMBER(S):  
01-05-03-3-0-0600-00

Skamania County Assessor:  
Date 4-26-16 Parcel# 1-5-3-3-600

## COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 7 day of June 1962  
by and between Hubert Augustine McDonald and Betty Lee McDonald  
husband and wife, residing in Clark County, Washington.

WITNESSETH:

That whereas said Hubert Augustine McDonald and Betty Lee McDonald  
are owners of certain real estate and personal property in the State of Washing-  
ton; and the said parties, being desirous that title to said property shall pass  
without delay and expense in case of the death of either of the said parties to  
the survivor:

NOW, THEREFORE, in consideration of the love and affection that each of said  
parties has for the other, it is hereby agreed that in the case of death of said  
Hubert Augustine McDonald while the said Betty Lee

McDonald survives, the whole of said property, both real and  
personal, together with such property as the said community may hereafter acquire,  
whether real or personal, situated in the State of Washington, shall at once  
vest in the said Betty Lee McDonald, the real in fee simple  
and the personal property absolutely, and in the event of the death of said  
Betty Lee McDonald leaving the said Hubert Augustine

McDonald surviving her, the whole of said property, together with  
all property by them subsequently acquired, whether real or personal, shall at  
once vest in the said Hubert Augustine McDonald, the real estate in  
fee simple and the personal property absolutely.

IN WITNESS whereof said Hubert Augustine McDonald and Betty Lee McDonald  
have hereunto set their hands and seals this 7 day of June 1962.

Hubert Augustine McDonald

Betty Lee McDonald

signed, sealed and delivered  
in the presence of:

William M. Jackson 105 W. 19th Ave.

Donald E. Smith 901 SE 94th Ave. Vancouver.

STATE OF WASHINGTON) ss  
COUNTY OF CLARK )

This is to certify that on this 8<sup>th</sup> day of June 1962, before me a  
Notary Public in and for the State of Washington, personally appeared  
Hubert Augustine McDonald and Betty Lee McDonald  
to me known to be husband and wife, and to me known to be the individuals who  
executed the foregoing instrument and acknowledged to me that they executed the  
same as their free and voluntary act and deed for the uses and purposes therein  
mentioned.

Frances T. Johnson  
Notary Public in and for the State of  
Washington, residing at Vancouver, therein

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## STATE OF WASHINGTON DEPARTMENT OF HEALTH VITAL RECORDS

### CERTIFICATE OF DEATH

LOCAL FILE NUMBER

784

90 16929

STATE FILE NUMBER

1 NAME—FIRST, MIDDLE, LAST <b>Betty L. McDonald</b>				2 SEX <b>Female</b>		3 DEATH DATE (Mo. Day Yr.) <b>July 18, 1990</b>		146		90 16929	
4 AGE LAST BIRTH-DAY (Yrs.) <b>60</b>		5 UNDER 1 YEAR MOS. DAYS		6 UNDER 1 DAY HOURS MINS.		7 BIRTHDATE (Mo. Day Yr.) <b>July 22, 1929</b>		8 BIRTH STATE (if not in USA give country) <b>Illinois</b>		9 CITIZEN OF WHAT COUNTRY? <b>USA</b>	
11 CITY, TOWN OR LOCATION OF DEATH <b>Vancouver</b>						12 PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN. 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR. HOME 6. <input type="checkbox"/> OTHER PLACE <b>Southwest Washington Medical Center</b>				13 SMOKING IN LAST 15 YEARS? (Yes/No) <b>Yes</b>	
14 MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		15 SURVIVING SPOUSE (if wife, give maiden name) <b>H.A. McDonald</b>				16 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) <b>NO</b>		17 SOCIAL SECURITY NO. <b>[REDACTED]</b>		18 HIGH SCHOOL GRADUATE? (Yes/No) <b>Yes</b>	
19 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Homemaker</b>				20 KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		21 Was Decedent of Hispanic Origin or descent? (Ancestry) (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.) 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		22 RACE (White, Black, Asian or Pacific Islander, Am. Ind., Hispanic, etc.) (Specify) <b>White</b>			
23 RESIDENCE — NUMBER AND STREET <b>503 Shreveport Way</b>				24 CITY/TOWN OR LOCATION <b>Vancouver</b>		25 INSIDE CITY LIMITS? (Yes/No) <b>NO</b>		26 COUNTY <b>Clark</b>		27 STATE <b>Washington</b>	
28 ZIP CODE <b>98664</b>				29 FATHER'S NAME—FIRST, MIDDLE, LAST <b>Ancil Branch</b>		30 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <b>Minnie Alvey</b>					
31 INFORMANT—NAME <b>H.A. "Bud" McDonald, Husband</b>				32 MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>503 Shreveport Way Vancouver, Washington 98664</b>							
33 BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		34 DATE (Mo. Day Yr.) <b>July 23, 1990</b>		35 CEMETERY/CREMATORY—NAME <b>Park Hill Cemetery</b>				36 LOCATION—CITY/TOWN, STATE <b>Vancouver, Washington</b>			
37 FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		38 NAME OF FACILITY <b>Vancouver Funeral Chapel</b>				39 ADDRESS OF FACILITY <b>110 E. 12th St. Vancouver, Wa. 98660</b>					
40 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <b>X John H. Nelson M.D.</b>						41 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <b>X</b>					
42 DATE SIGNED (Mo. Day Yr.) <b>7/20/90</b>				43 HOUR OF DEATH (24 Hrs.) <b>2303</b>		44 DATE SIGNED (Mo. Day Yr.)				45 HOUR OF DEATH (24 Hrs.)	
46 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						47 PRONOUNCED DEAD (Mo. Day Yr.)				48 HOUR PRONOUNCED DEAD (24 Hrs.)	
49 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>John Nelson, M.D. 12607 SE Mill Plain Vancouver, Washington 98684</b>											
50 PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.											
IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		(A) <b>Acute myocardial infarction</b>								INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>	
		(B) DUE TO, OR AS A CONSEQUENCE OF								INTERVAL BETWEEN ONSET AND DEATH	
		(C) DUE TO, OR AS A CONSEQUENCE OF								INTERVAL BETWEEN ONSET AND DEATH	
51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE <b>Pulmonary emphysema</b>						52 AUTOPSY? (Yes/No) <b>No</b>		53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No)			
54 ACC. SUICIDE, HO, UNDET. OR PENDING INVEST. (Specify)		55 INJURY DATE (Mo. Day Yr.)		56 HOUR OF INJURY (24 Hrs.)		57 DESCRIBE HOW INJURY OCCURRED					
58 INJURY AT WORK? (Yes/No)		59 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)				60 LOCATION—STREET OR RFD NO., CITY/TOWN, STATE					
61 REGISTRAR SIGNATURE <b>X Karen Stenja, MD</b>						62 DATE RECEIVED (Mo. Day Yr.) <b>JUL 20 1990</b>					

DOH 110-008 (Rev. 8/89) (formerly DSHS 9-150)